

January 24, 2012

Chairman Max Baucus
Senator Bob Casey, Jr.
Senator Ben Cardin
Senator Jack Reed
Representative Xavier Becerra
Representative Sander Levin
Representative Allyson Schwartz
Representative Chris Van Hollen
Representative Henry Waxman

Senator John Barrasso
Senator Mike Crapo
Senator John Kyl
Chairman Dave Camp
Representative Fred Upton
Representative Kevin Brady
Representative Renee Ellmers
Representative Nan Hayworth
Representative Tom Price
Representative Tom Reed
Representative Greg Walden

Dear Conference Committee:

As you address the dramatic Medicare reimbursement cut to physicians scheduled to take effect on March 1, we, the undersigned organizations – representing America’s cancer care providers, patient advocates and members of the health care community – urge you to reject any additional Medicare payment cuts to our nation’s already severely strained cancer care delivery system as a possible “payfor.”

Community-based oncology practices, which provide lifesaving treatment to more than 80 percent of U.S. cancer patients, are already in extreme financial crisis. Although recent data¹ have shown that the cost of treating cancer patients is significantly lower for both Medicare patients and the Medicare program when provided in community-based care settings as compared to the same treatment in other settings, and despite that community cancer care centers are often the preferred treatment site for patients, 199 community-based cancer clinics have closed in the past three years and 369 practices, with multiple clinic locations, are struggling to stay open². Unfortunately, this crisis facing community cancer care will only be worsened by the scheduled sequestration Medicare cut to both cancer drugs and services in 2013.

Due to the dire situation facing community oncology practices, almost 50 bipartisan members of Congress have co-sponsored H.R. 905 (Whitfield/Green) and S. 733 (Stabenow/Roberts) to provide more appropriate payment for cancer drugs under Medicare Part B and strengthen the viability of community oncology practices. In stark contrast to this supportive legislation, imposing additional cancer drug payment cuts at this time would be devastating to both community cancer practices and their patients. Numerous practices may need to limit services or close altogether, thus forcing patients to look elsewhere for treatment. When patients have to travel outside of their communities for care, this can often result in duplicative and unnecessary services, additional co-pays, added transportation and lodging costs, and physical and emotional suffering.

¹ Milliman – Site of Service Cost Differences for Medicare Patients Receiving Chemotherapy – October 19, 2011

² Community Oncology Alliance – Community Impact Report Updated March 2011 - <http://www.communityoncology.org/COAStudies.aspx>

Additionally, with the growing impact of the national shortage of cancer drugs, we are concerned that Medicare reimbursement changes for oncology treatment regimens could further destabilize the market, which could have serious consequences to patients.

We thank you for your leadership in working to correct the Medicare physician reimbursement problem that has long threatened Medicare beneficiaries' continued access to care. However, with more than half of all U.S. cancer patients reliant on the Medicare benefit for care, we ask that you bear in mind whether any amount of savings is worth further weakening the nation's cancer care delivery system and jeopardizing beneficiaries' and all cancer patients' access to crucial treatment.

As you continue negotiations, we ask that cancer care be left off the table for cuts. At this time of both great promise and vulnerability in cancer care delivery, we need to strengthen, not undermine, patients' access to convenient, cost-effective treatment in the community.

Sincerely,

American Association of Clinical Urologists
American Society of Clinical Oncology
American Urological Association
AmerisourceBergen
Association of Physician Assistants in Oncology
BDI Pharma, Inc.
Biotechnology Industry Organization
Cardinal Health Specialty Solutions
Community Oncology Alliance
CuraScript Specialty Distribution
Health Coalition, Inc.
Healthcare Distribution Management Association
ION Solutions
Large Urology Group Practice Association
Leukemia & Lymphoma Society
McKesson Corporation
National Patient Advocate Foundation
Society of Gynecologic Oncology
The US Oncology Network
UPMC Cancer Centers

cc: Speaker Boehner, Leader Reid, Leader Cantor, Leader McConnell, and Leader Pelosi